

RECOGNITION PROGRAM APPLICATION

Name of Individual/Agency: _____

Civil Service Title/Department: _____

Agency Address: _____

Agency Phone Number: _____

Agency Administrator: _____

E-mail Address: _____

SUMMARY OF ACHIEVEMENT

[illegible]

Awards Committee (three Loss Prevention staff members)

Signatures: _____

Loss Prevention Manager: Approve _____ Disapprove _____

Signature: _____ Date: _____

State Risk Director: Approve _____ Disapprove: _____

Signature: _____ Date: _____

Comments: _____

Employee submitting achievement award: _____

E-mail address: _____

SUBMIT APPLICATION TO:

brett.beoubay@la.gov
or
Division of Administration
Office of Risk Management
Loss Prevention Unit
P.O. Box 91106
Baton Rouge, Louisiana 70821-9106
Fax Number: 225-219-0516